

# Claims Procedures

## PRIMARY HEALTHCARE PLAN MEDICAL INSURANCE IN THE UNITED KINGDOM

**If you follow these guidelines all bills will be reimbursed to the levels shown on the benefits table. If however, these guidelines are not followed, your bills may not be paid.**

1. When any health problems arise, see your general practitioner – your family doctor.
2. If your general practitioner recommends that a specialist should be consulted, you should inform the general practitioner that you have medical insurance and that you may wish to have the consultation privately.
3. An appointment with a chosen specialist will be arranged by the general practitioner at a time convenient to you.
4. Before you see your specialist, you must call the AGB Member Service Centre (0870 442 7248). We will check the details of your cover and authorise your initial specialist consultation and an Authorisation Letter will be forwarded to you.
5. When you see your specialist, take along your Authorisation Letter and benefits table as the specialist may wish to refer to the information contained within them.
6. If your specialist recommends further treatment, consultations or investigations, you must call the AGB Member Service Centre again. AGB will fully explain the options open to you and authorise further consultations, investigations or treatment and give you any advice or assistance you may need. You may also request to speak to a nurse if you want to. Remember, in order to avoid non-payment of an unauthorised bill, the AGB must authorise all consultations, investigations and treatment, before any expense is incurred. To assist in this process, they may need to speak to your specialist and, as a claim form may not be required, you will be asked to complete a consent form. If in-patient treatment is required, contact the AGB Member Service Centre who will confirm cover to the NHS hospital or private hospital concerned.
7. AGB has direct settlement arrangements with most NHS and private hospitals in the UK. The DSN listing is intended as a guide and as such is not exhaustive. If a hospital is not included on the DSN list and you are keen to arrange direct settlement treatment there, please ensure you contact us first so that we can make appropriate arrangements for direct settlement on your behalf.
8. Although the majority of the sections on your benefits schedule are 'full refund', you should bear in mind that there are some limits on the benefits table. Check with the AGB Member Service Centre that the specialist's fees are in accordance with Aetna Global Benefits fee schedule.
9. Your specialist will then be responsible for arranging the treatment, although the AGB Member Service Centre can advise and guide you through the claims process. The NHS hospital or private hospital must be informed that you are insured on either AGB's London or Provincial level of accommodation and throughout your course of treatment, you must obtain authorisation for all consultations, investigations and treatment.
10. Once your treatment is complete, contact the AGB Member Service Centre again and your case will be closed. We will settle all authorised bills directly with the specialist, NHS hospital or private hospital, or will quickly reimburse you if, for any reason, you have paid for treatment yourself. Original detailed bills should be sent within six months of the start date of the treatment, and within six months of the date treatment was incurred.

Remember that you can call the AGB Member Service Centre for advice at any point throughout the claims process.

**Remember that unauthorised bills will not be paid.**

Call the AGB Member Service Centre on 0870 442 7248.

## HOW TO CLAIM

If you follow these guidelines, all bills will be re-imbursed to the levels shown on the benefits table.

If however, these guides are not followed, your bills will not be paid.

## CONTACT DETAILS

### Aetna Global Benefits (Europe) Limited

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## GP REFERRAL TO SPECIALIST

### STEP 1

Call the AGB Member Service Centre on 0870 442 7248. All specialist consultations, investigations and treatment must be pre-authorised by the AGB Member Service Centre (failure to do so will result in non-payment of the claim). you may request to speak to a nurse if required.

### STEP 2

AGB Member Service Centre authorises initial specialist consultation, investigation or treatment and an authorisation letter is issued. (Please note all calls are recorded for quality and training purposes)

### STEP 3

Visit specialist taking authorisation letter which quotes reference number for pre-authorised treatment. N.B. bills can be submitted for payment throughout the process.

## IS FURTHER CONSULTATION, INVESTIGATION OR TREATMENT REQUIRED?

**YES** Revert to Step 1

**NO** Submit bills for payment to AGB

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